

Sign Out Edit View Format Chat/Help

ICANotes
Behavioral Health EHR

Demographics

Continue Photo Chart Details **Rodriguez** Patient

Anaphylactic Reaction Reported

Patient Information

*Name (F,M,L,Suffix) **Melissa Rodriguez**

Homeless Address **42 Coleman Dr.**

Bad Address Addr 2 / Appt # **Grant**

Sample Chart City, State, Zip **Silver City**

Best Phone Home Phone **US**

Home Cell Phone **US**

Work Work Phone **ext**

Patient Status
 Active
 Inactive
 Pending

Email **Mrodriguez7599@gmail.com**

Email 2

Portal

API

Appt Reminders via: Email Text Message Phone Message

Employment Status

School or Employer

Grade

Marital Status

Sexual Orientation

*Ethnicity **Hispanic or Latino**

Ethnicity 2

Religion

Annual Household Income

Family Size

Veteran Y N

*Race **White**

Race 2

*Preferred Language

Disability

Native American Y N **Tribal Affiliation**

Assigned Providers
are allowed to sign
Notes for this Patient

Karissa Andazola, CSW Role **Principal**

< Select a Clinician >
 < Multiple Clinicians >

Assign Provider(s)

Where Seen

Primary **SPIN Supporting** Add New Location

Med Rec

Red fields are required Blue fields are optional but add info to clinical note.
* = Required for Meaningful Use **✓** = Patient Has Accessed Portal

Show Fields used by elec